

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Tyreek Williams

18CV5175  
No.

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

New York City Dept. of Correction

Commissioner Brann

Bureau Chief Carty

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

Yes  No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Tyrik

Omar

Williams

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

NYSID # 12120262Q

Book & Case 5411800693

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island Grvc 11B Secured Unit

Current Place of Detention

Grvc 09-09 Hazen Street

Institutional Address

East Elmhurst

NY

11370

County, City

State

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Cynthia</u>	<u>Brann</u>	
First Name	Last Name	Shield #
<u>Commissioner</u>		
<u>Current Job Title (or other identifying information)</u>		
<u>75-20 Astoria Blvd</u>		
<u>Current Work Address</u>		
<u>East Elmhurst</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 2:

<u>Yolanda</u>	<u>Canty</u>	
First Name	Last Name	Shield #
<u>Bureau Chief</u>		
<u>Current Job Title (or other identifying information)</u>		
<u>Facility Operations - Rivers Island</u>		
<u>Current Work Address</u>		
<u>East Elmhurst</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 3:

<u>First Name</u>	<u>Last Name</u>	<u>Shield #</u>
<u>Current Job Title (or other identifying information)</u>		
<u>Current Work Address</u>		
County, City	State	Zip Code

Defendant 4:

<u>First Name</u>	<u>Last Name</u>	<u>Shield #</u>
<u>Current Job Title (or other identifying information)</u>		
<u>Current Work Address</u>		
County, City	State	Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: West Facility Rikers Island

Date(s) of occurrence: April 24, 2018 To May 17th, 2018

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON or around April 18<sup>th</sup>, 2018 I, TYREIK Williams born in the Year 1998, Was arrested and sent to Rikers Island. I have a Troubled history on Rikers Island and as such when The Heads of Doc Learned of my Re-incarceration I was Singled out and Treated unfairly by every level of Doc Brass and Rank & file. In direct violation of NY state law and in violation of my Constitutional Rights including but not limited to my 5th, 6th, 8th & 14th Amendments Rights have all been Transphiled on and Disregarded as I was illegally housed in the "bing". Punitive Segregation was outlawed outright for adolescents 21 and younger. I was placed in a Substribute "box"-bing" where I was locked in 23 hours a day without human contact. This is inhumane and Criminal act was conduct with Conserve of the Commissioner, Chiefs and Security Captain's who wished to inflict emotional & Physical damage upon my person as reprisal for my past tenure in Rikers. I am seeking damages for this egregious conduct in the form of compensatory, Punitive and all other forms of recompense allowed under § 1983 and these Federal Laws.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I sustained mental, emotional and direct, physical injuries that require & required medical attention despite the fact that I still feel the effects of my isolation and solitary confinement

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

Relief sought 1.9 million in Maryland damages coupled with punitive and compensatory damages of 1.9 million stemming from loss of wages, liberty and freedom of will.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

MAY 19 2018

Dated

Tyreek

omar

X Tyreek Williams

Plaintiff's Signature

First Name

Middle Initial

Last Name

(11B) Gove - Rivers Island 09-09 Hazel Street

Prison Address

East Elmhurst

NY

11370

County, City

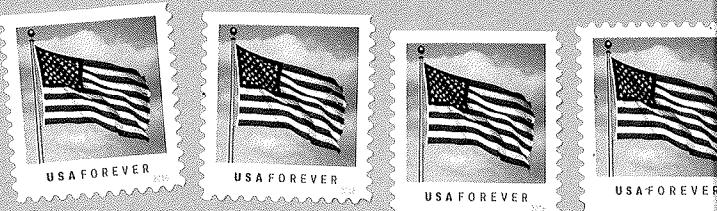
State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

AM5 541-180-0693

GRVC 11B  
42nd Street  
NY, NY 11370



To: Pro Se Office  
United States District  
Southern District of New York  
Daniel Patrick Moynihan United  
500 Pearl Street, Room 100  
New York, New York 10007

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